

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 558 437

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		5				
7		5				
8		5				
9	1					
10						
11						
12						
13		4				
14		4				
15		4				
16	1					
17						
18						
19						
20						
21						
22		6				
23		6				
24		6				
25	1					
26						
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29						
30		5				
31		5				
32		5				
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49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	76	←		←		←
TOTAL CLAIMS	80					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						